



Montgomery County Maryland
Department of Permitting Services
(240) 777-6240 Fax (240) 777-6262
<http://permittingervices.montgomerycountymd.gov>

255 Rockville Pike, 2nd Floor
Rockville, Maryland 20850-4153



Application for Sign Permit

TYPE OF SIGN PERMIT:

- ☐ Permanent Sign
☐ Limited Duration Sign

FOR OFFICE USE ONLY:

Sign A/P#: _____
Sign Tag#: _____
Electrical A/P#: _____
Sign Permit Fee: _____
Date: _____

LOCATION OF SIGN:

Address _____

City _____ State _____ Zip Code _____

Lot _____ Block _____ Parcel _____

If a limited duration sign is located within the public right-of-way, provide block number of street

APPLICANT INFORMATION:

Name of Applicant _____ Phone # _____

Address _____ City _____ State _____ Zip Code _____

Contact Person _____ Phone # _____

Sign Installer _____ License # _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

PERMANENT SIGN INFORMATION:

- ☐ On Building Wall ☐ Freestanding ☐ Canopy
☐ Illuminated ☐ Nonilluminated

Sign Message: _____

Sign Dimensions:

Length _____ feet _____ inches Width _____ feet _____ inches

Sign Area: _____ square feet Sign Height: _____ feet _____ inches
(top of sign to grade or sidewalk)

Number of Faces _____ Building Frontage _____ feet Lot Width at Street: _____

Total area of all signs currently on building/premises: _____ square feet

LIMITED DURATION SIGN INFORMATION:

LOCATION:

☐ Public Right-of-Way

Or

☐ Private Property

TIME OF DISPLAY:

☐ Weekends Only

Or

☐ Other Time Period

Sign Message: _____

Sign Dimensions:

Length: _____ feet _____ inches

Width: _____ feet _____ inches

Sign Height: _____ feet _____ inches

TO BE READ BY THE APPLICANT:

Any information that the applicant has set forth in this application that is false or misleading may result in the rejection of this application. A condition for the issuance of this permit is that the proposed construction will comply at all times with the plans as approved by all applicable government agencies. I hereby declare and affirm, under the penalty of perjury, that all matters and facts set forth in this sign permit application are true and correct to the best of my knowledge, information and belief.

Applicant's Signature_____
Date_____
Print Name

(If applicant is other than property owner, authorized agent must complete affidavit below)

AUTHORIZED AGENT AFFIDAVIT:

I hereby declare and affirm, under the penalty of perjury, that:

1. I am duly authorized to make this permit application on behalf of: _____
(Print property owner's name)

2. The work proposed by this sign permit application is authorized by the property owner, and

3. All matters and facts set forth in this Affidavit are true and correct to the best of my knowledge, information and belief.

Authorized Agent's Signature_____
Date_____
Print Name